

**STATE OF MARYLAND
DEPARTMENT OF LABOR LICENSING AND REGULATION
DIVISION OF UNEMPLOYMENT INSURANCE
AGENCY FACT-FINDING REPORT**

Social Security Number: [REDACTED] 2889
Claimant Name: MELVIN K. HUDSON
BYB: 11/12/2017
Claimant Phone Number: 443-500-3192

Employer Name: MAYORS OFFICE CITY OF BALTO
Employer Account Number: [REDACTED]
Employer Phone Number: 800-207-6926

Sequence Number: 003
Tran Code: SRH
Issue Established: 94
Issue Resolved: 94

APPOINTMENT HISTORY

SR6 Date Mailed	Interview Date	Interview Time	Type
05/11/2018	05/17/2018	11:30 AM	INITIAL INTERVIEW

CLAIMANT INITIAL CLAIM INFORMATION

Reason for Separation:
First Day of Work:
Last Day of Work:
Return to Work Date: N/A

CLAIMANT STATEMENT

Attempts to Contact

I called (443) 500-3192 at 12:11 a.m. on 05/17/2018 and the telephone had been disconnected or was not in service.

I called (443) 500-3192 at 12:27 p.m. on 05/17/2018 and the telephone had been disconnected or was not in service. This was my second call; therefore, a decision will be made with the available information.

SR-6 Interview Date: 05/17/2018 **SR-6 Interview Time:** 11:30 a.m.

EMPLOYER SEPARATION INFORMATION

207 Sent: N/A
207 Due: N/A
207 Received w/Indicator: N/A
Reason for Separation: N/A
First Day of Work: N/A
Last Day of Work: N/A
Return to Work Date: N/A
Official Completing Separation Information: N/A
Contact Person: N/A
Contact Phone: N/A **Extension:** N/A
Email Address: N/A
Gross Wages Since N/A: N/A
Pension Indicator: N
Profit Sharing Indicator: N
Bonus/Special Pay Indicator: N
Severance Pay Indicator: N
Vacation/Holiday Pay Indicator: N

EMPLOYER STATEMENT**Fact Finding**

Conducted Date: 05/17/2018 **Time:** 11:30 a.m.

Declaration

I will begin this fact-finding interview by asking you specific questions regarding the issue at hand. Once we have obtained your statement, I will read it to you and make changes if you disagree. If you agree, the information you provide will become part of the unemployment insurance record and may be used as evidence in any future unemployment insurance proceedings.

Primary Contact Name: Loretta Blake

Title: Accounting Assistant II

Phone: 410-234-0914

Secondary Contact Name:

Title:

Phone:

Claimant Occupation:

Claimant Rate of Pay:

I contacted employer (Mayor's Office City of Baltimore) 800-207-6926 on 5/17/18 at 8:39 a.m. spoke with Crystal (operator); she stated I need to speak with Kelly Joyce (Claim Analyst). Crystal transferred call to Kelly's ext. 489 - Kelly was not available; I left a message on her voicemail regarding obtaining/verifying claimant's information; FDW/LDW, FT/PT, Occupation, Hourly rate of pay and obtaining gross weekly wages in a Sun-Sat format and to contact me back no later than 5/21/18 by 8:25 a.m.

On 5/22/18 at 12:35 p.m. I received wage request form (faxed date of 5/9/18) that was returned from employer/Loretta Blake (Accounting Assistant III) and emailed from BPC Associate #EQB29P for w/e dates: 12/30/17 - 4/28/18 and FDW: 12/27/17 & Still working. No other information was provided.

The name of the employer is:

Mayor's Office City of Baltimore

How was the wage and separation information obtained? (Form 330, phone, fax, email)

returned via FAX

On what date was this information received?

5/15/18

What were the claimant's first and last physical dates of work?

FDW: 12/27/18 & Still employed

Below are the wages and week ending date(s) reported for the claimant: (W/E-----\$EARNINGS)

W/E-----EARNINGS

12/30/17-----	\$430.41
01/06/18-----	\$771.69
01/13/18-----	\$717.69
01/20/18-----	\$717.69
01/27/18-----	\$717.69
02/03/18-----	\$717.69
02/10/18-----	\$717.69
02/17/18-----	\$717.69
02/24/18-----	\$717.69
03/03/18-----	\$717.69
03/10/18-----	\$717.69
03/17/18-----	\$717.69
03/24/18-----	\$717.69
03/31/18-----	\$717.69
04/07/18-----	\$717.69
04/14/18-----	\$717.69
04/21/18-----	\$717.69
04/28/18-----	\$717.69

Has the claimant been separated? If so, for what reason? (Layoff, discharge, quit, other) Please Specify.

No

Appeal Rights:

As a result of this fact-finding interview you will receive a written decision in the mail. If you disagree with the decision you may file an appeal within 15 days. Instructions will be included with the decision.

ADDITIONAL INFORMATION

DATE:04/18/2018 TIME:11:28PM ID:EUZ490 NOTE NUMBER:070

SROH-ROH; 330 MAILED TO EMPLOYER ID: [REDACTED]

EMPLOYER REPORTED FDW: 2017-12-27

EMPR NM: MAYORS OFFICE CITY OF BALTO FEIN: 526000769 PH: 8002076926

ADDR: PO BOX 1180 LONDONDERRY NH03053-1180

DATE:05/17/2018 TIME:12:33PM ID:EQB21W NOTE NUMBER:073
CLMNT FROED APPT ON 5/17/18 @ 11:30 A.M. 2 ATTEMPTS WERE MADE @ 12:11 &
12:27 P.M. BOTH TIMES RECEIVED RECORDING TELEPHONE# DISCONNECTED. PE/BPC

The claimant was sent a DLLR/DUI 200D and a claimant information pamphlet. Both define fraud and explain the penalties for failing to disclose information or giving false information in order to obtain/increase benefits (fraud). The information contained in these documents is also available on the DLLR web page. Per MABS Z14 notepad entry, this information was sent when the New/TO claim was filed on the following date:

DATE:11/13/2017 TIME:08:32PM ID:EUSB8K NOTE NUMBER:066
NEW CLAIM: 200D AND PAMPHLET SENT.

Did the claimant have a prior fraud penalty or warning letter? (Yes/No)
No

Provide the following information obtained from MABS Z03 screen: (Effective date of claim, WBA and DA)

BYB: 10/20/2013
WBA: 391
DA: 0

Per MABS Z05 and Z03 screens: Listed below are the weeks claimed, wages reported by the claimant, and the UI benefits paid.

W/E-----\$ REPORTED-----UI PAID

Weeks Claimed/UI Benefits Paid:

W/E:

12/30/17-----	\$430
01/06/18-----	\$430
01/13/18-----	\$430
01/20/18-----	\$430
01/27/18-----	\$430
02/03/18-----	\$430
02/10/18-----	\$430
02/17/18-----	\$430
02/24/18-----	\$430
03/03/18-----	\$430
03/10/18-----	\$430
03/17/18-----	\$430
03/24/18-----	\$430
03/31/18-----	\$430
04/07/18-----	\$430
04/14/18-----	\$430
04/21/18-----	\$0

Per MABS Z05 and Z03 screens, the claimant was paid UI benefits in the amount indicated for the following time period, and reported no wages (e.g. \$430 paid for each w/e 11/26/2016-12/21/2016).

\$430 paid for each w/e: 12/30/17 - 4/14/18 and claimant reported 0 wages.

Each time a weekly claim certification is filed, the Telecert/Webcert system asks the claimant whether he/she worked or earned money during the week. If the claimant answered 'yes,' he/she has to enter wages in order to proceed. If MABS Z05 screen shows no wages were reported by the claimant, the claimant had to have answered 'no' to this question. Are there wages showing on MABS Z05 screen? (Yes/No)

No

Earnings reported by the employer were entered into MABS on the following date by Transaction X02:

06/08/2018

Transaction X02 created fraud overpayment(s) (Issue 04) for the following week ending date(s):

W/E: 12/30/17 - 04/28/18

DETERMINATION SUBMITTED TO MABS ON 06/08/2018 AT 8:49 AM

First Affected Week Ending: 06/09/2018

Issue Sequence: 003

Issue Established : 94

Issue Resolved: 94

Original Examiner ID: eqb21w

Detected Date: 04/18/2018

Count? Y

JAVA?

Penalty? Y Start Date: 06/08/2018 Disqualification Weeks: 52

OP Source: U

OP Fault: D

Employer Number: [REDACTED]

Employer Sequence: 1

Charge? **N/C Start:**

Federal Pension Amount:

Effective Date:

Contributory:

Other Pension Amount:

Effective Date:

Contributory:

Bonus/Special Pay Amount:

Profit Sharing Pay Amount:

Contributory:

Severance Pay Amount:

Lump Sum Pension Amount:

Contributory:

Gross Weekly Wage:

Last Day of Work:

Vac/Hol Pay 1 Amount:

Week Ending:

Vac/Hol Pay 2 Amount:

Week Ending:

Vac/Hol Pay 3 Amount:

Week Ending:

Statement Number: 0941

THE CLAIMANT KNOWINGLY FAILED TO DISCLOSE A MATERIAL FACT(S) IN ORDER TO OBTAIN/INCREASE BENEFITS. IT IS DETERMINED THAT THE CLAIMANT COMMITTED A FRAUDULENT ACT WITHIN THE MEANING OF SECTION 8-1301 OF THE MARYLAND UNEMPLOYMENT INSURANCE LAW. BENEFITS ARE DENIED AND A 15% FRAUD PENALTY ASSESSED AS PROVIDED BY SECTION 8-1305 OF THE MARYLAND UNEMPLOYMENT INSURANCE LAW AND ANY OVERPAYMENT CONNECTED WITH THE ISSUE MAY BE RECOVERED AS PROVIDED BY SECTION 8-809 OF THE MARYLAND UNEMPLOYMENT INSURANCE LAW.

Examiner ID: eqb21w